



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 63798		2. Exact name of the Corporation Scenic Style Landscaping, Ltd.		
3. Principal office address 940 Broad Rock Road		City Peace Dale,	State RI	Zip 02883
4. Business Phone No. 401-783-7090		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General landscaping				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Ronald C. Woisin		Vice-President Name Susan Neil Woisin		
Street Address 41 West Bay Drive		Street Address 41 West Bay Drive		
City Narragansett,	State RI	Zip 02882	City Narragansett,	State RI
Secretary Name Susan Neil Woisin		Treasurer Name Ronald C. Woisin		
Street Address 41 West Bay Drive		Street Address 41 West Bay Drive		
City Narragansett,	State RI	Zip 02882	City Narragansett,	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				
NUMBER OF SHARES 100		CLASS/SERIES Common		PAR VALUE None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FEB 17 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ronald C. Woisin
Signature of Authorized Representative

2-12-15
Date

FOR SECRETARY OF STATE USE ONLY

BY 8528

Ronald C. Woisin

Print or Type Name of Authorized Representative